

## BAVN VERIFICATION REQUEST / CONTRACT INFORMATION SHEET

Complete this form only for contract opportunities not advertised on BAVN. Fill out all fields and e-mail the completed form to [bca.eeoe@lacity.org](mailto:bca.eeoe@lacity.org) after verifying that the contractor has uploaded all required compliance documents to BAVN.

**Awarding Department:** \_\_\_\_\_

**Contact Name & Phone No:** \_\_\_\_\_

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**Contractor's Name:** \_\_\_\_\_

**Contractor's BAVN Company ID No.:** \_\_\_\_\_

**Contractor's Federal ID No. or EIN:** \_\_\_\_\_

**Contract Title or Description:** \_\_\_\_\_

**Contract Amount:** \_\_\_\_\_

**Contract Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**NOTE:** If the FSHO Affidavit is not uploaded to BAVN, please check below:

**FSHO not applicable:** \_\_\_\_\_ **FSHO-X Attached:** \_\_\_\_\_

**Comments:**

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